



CALIFORNIA STATE UNIVERSITY, FULLERTON

TRANSFER STUDENT ADMISSION APPEAL COVER SHEET OFFICE OF ADMISSIONS

Applicant Name: _____ CWID: _____ Fall Spring

(CIRCLE TERM)

CSUF E-mail: _____ Phone: _____

Submit the following documents in ONE COMPLETE PACKAGE. Only **complete** appeals will be considered. Review the appeals website for additional information: <http://www.fullerton.edu/admissions/appeals>
Appeals are for extenuating circumstances only and are rarely granted.

- 1) **Transfer Appeal Cover Sheet** – Complete and sign form.
- 2) **Letter of Appeal** – Address extenuating circumstances supporting appeal. Must be prepared by the applicant. Include your current GPA.
- 3) **Documentation** – Supply documentation for all facts presented in your letter of appeal.
- 4) **Transcripts** – Supply copies of official or unofficial transcripts for all colleges/universities attended.

Appeal Category:

- | | |
|--|---|
| <input type="checkbox"/> Transfer "Golden 4" Requirement | <input type="checkbox"/> College Transcript(s) |
| <input type="checkbox"/> Acceptance of Offer | <input type="checkbox"/> Enrollment Deposit |
| <input type="checkbox"/> Transfer Less than 60 Units | <input type="checkbox"/> Transfer AA-T or AS-T Degree |
| <input type="checkbox"/> Transfer GPA | <input type="checkbox"/> CSUF GPA less than 2.0 (units in progress) |
| <input type="checkbox"/> Other _____ | |

- 1) All appeals must be **received** by the CSUF Admissions Appeals Committee **within one month** of date on the admission status notification from the Office of Admissions.
- 2) Appeal decisions will be provided within 3-4 weeks of submission.
- 3) Applicants will be notified by e-mail to their CSUF email address.
- 4) Submit complete packet by one of three ways.

MAIL to: California State University, Fullerton
Admissions Appeals Committee
P.O. Box 6900
Fullerton, CA 92834-6900

FAX to: (657) 278-1152

EMAIL to: appeals@fullerton.edu

I certify that I have read the Admissions Appeals Information (web address above) and have submitted a complete packet (form, letter, documentation, and transcripts). I understand that if my appeals packet is incomplete, my appeal may be delayed or immediately denied.

Form 9/26/17

Applicant Signature

Date

OFFICE USE ONLY

Rec'd _____ GPA _____ Mjr _____ Local/Out _____ Return _____ Comment _____

Stat/Dte ____/____ ADT _____ Date/Content Emails _____

Appeal Status
Approved
Denied
No Action

Notes/Comments _____

Action	
APPL	ADMT
WAIT	PEND
MATR	DDEF-

Decision: By _____ Date _____ Email _____ Com _____ Stat _____